



Australian Government

Australian Quarantine  
and Inspection Service

## *Private Veterinary Attendance and Treatment Declaration*

### Declaration

If, in the opinion of AQIS, my animal(s) require(s) veterinary attention whilst in quarantine, I authorise AQIS to arrange attendances and any necessary treatments by a private veterinarian on my behalf.

1. I acknowledge that while AQIS will try and contact me prior to arranging any such attendances or treatment, this may not always be possible and authorise AQIS to arrange for such attendances and treatment without prior consultation with me.
2. I agree I am responsible for the payment of all costs and expenses associated with attendances and treatment by a private veterinarian and will pay all fees due to the private veterinarian prior to the release of my animal(s) from the Quarantine Station.
3. I agree to indemnify AQIS against all expenses, losses, damages and costs (on a solicitor and our client basis and whether incurred by or awarded against AQIS) that AQIS may sustain or incur as a result, whether directly or indirectly, of the attendance and treatment of my animal(s) by a private veterinarian.
4. I agree to release AQIS from all actions, suits, claims or demands of any nature together with all costs and expenses incurred in respect thereof which I may have against AQIS arising in any way out of the attendance and treatment of my animal(s) by a private veterinarian
5. I agree AQIS means the Commonwealth of Australia (Commonwealth), as represented by the Australian Quarantine and Inspection Service and includes officers, employees and agents of the Commonwealth.

<b>Title</b>	<b>Given name(s)</b>	<b>Surname</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>		
<input type="text"/>		
<b>Suburb</b>	<b>State/Territory</b>	<b>Postcode</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<b>Email</b>	
<input type="text" value="Australia"/>	<input type="text"/>	
<b>Work phone</b>	<b>Home phone</b>	<b>Fax</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Animal name(s)</b>	<b>Relationship to Animal(s) (e.g. owner)</b>	
<input type="text"/>	<input type="text"/>	
<b>Name, address and contact details of my preferred private veterinary practice/veterinarian</b> (Please leave blank if you do not have one, and AQIS will arrange a local veterinarian)		
<input type="text"/>		
<b>Signature:</b>		<b>Date (dd/mm/yyyy)</b>
<input type="text"/>		<input type="text"/>